



# Application and Permit for Use of City of Coon Rapids Facilities

Please Print

Name of Organization (if applicable): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ ☐ Cell ☐ Home Additional Phone #: \_\_\_\_\_ ☐ Cell ☐ Home

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Alternate Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate Contact Email Address: \_\_\_\_\_

Room(s) Requested: ☐ Banquet Facility (Includes Civic Room A, Civic Room B, Training Room and Kitchen)  
OR ☐ Kitchen ☐ Civic Room A ☐ Civic Room B ☐ Training Room  
☐ Conference Room 5 ☐ Arts & Crafts Room ☐ Recreation Room

Day & Date Requested: \_\_\_\_\_ Hours \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / p.m. # of Attendees: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Will alcohol be served? ☐ Yes ☐ No Beginning at: \_\_\_\_\_ a.m. / p.m.

*A police officer is required during the final four hours or until the group vacates the building, and you must use one of the caterers on the Approved Alcoholic Beverage Provider list (see Policy for complete details).*

Special needs such as disability accommodations, cultural rituals/traditions, etc. that require special treatment?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

*The permit holder agrees to protect, indemnify, defend, save and hold harmless the City of Coon Rapids and its officers and employees from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of facilities. I affirm that the above statements are true and I further affirm that I have read and understand all policies and information.*

## This Section is for office use only

Approved by: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Facility Coordinator \_\_\_\_\_ Date \_\_\_\_\_

- ☐ City of Coon Rapids Sponsored Event  
☐ Coon Rapids Based Civic, Athletic or Public Group  
☐ Coon Rapids Based Non-Profit (Attach Copy of IRS Letter)  
☐ Coon Rapids Resident or Business  
(Attach Proof of Residency)  
☐ Coon Rapids Non-Resident/All Other Groups

Room Rental Fee \$ \_\_\_\_\_  
Police Officer Fee \$ \_\_\_\_\_  
Damage Deposit \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Control Number: \_\_\_\_\_

***This application is not a valid permit until appropriate fees have been received by the City of Coon Rapids and this document is signed by the Facility Coordinator.***

***Applicant will be notified when application is approved or denied.***